



The elephant in the room Neurodivergence in psychiatry

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Patron @Sedsconnective @adhdawareUK



Outline

- Introduction
- The current narrative
- The big idea via fables – serendipity and the elephant
- Research evidence (including emerging)
- Implications for the future
- Thanks

This is dedicated to my patient Xe and all of our ND siblings

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Who am I?

Dr Jessica Eccles (MB ChB, Dip(French), MA, MSc, FRCPsych, PhD, PGCert HE)

Reader in Brain-Body Medicine



Research areas: Neuroscience, Neurodivergence, Mechanisms of chronic pain and fatigue, Psychiatric and neurodevelopmental features of connective tissue disorders

Neurodivergent Brain-Body Clinic

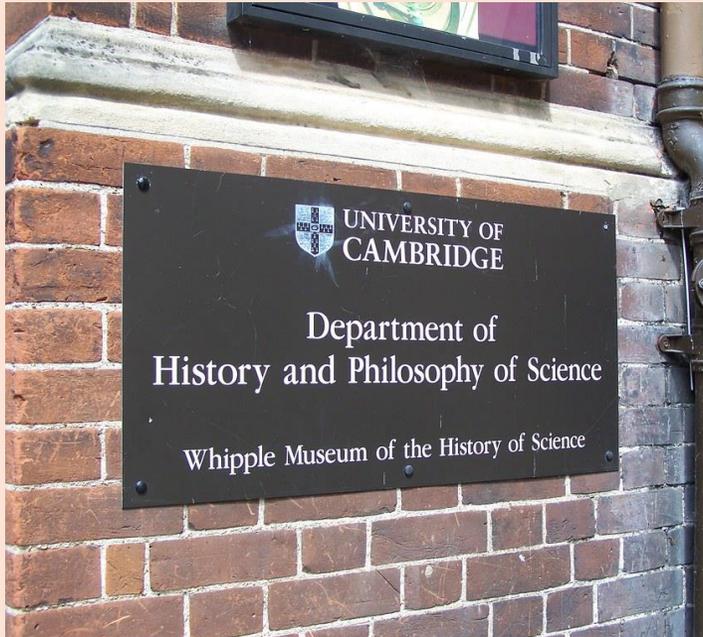


Sussex Partnership
NHS Foundation Trust



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- 1 Seduction and Danger: Neurasthenia, metaphor and imagination
- 2 and its relevance to medicine and technology in the Victorian Era
- 3 Eccles, JA^{1,2,3,*}, Zhou P^{1,4}, Quadt L^{1,4,5}

- 1 *Faith in us, faith in our drugs and methods, is the great stock in trade of the [medical]*
- 2 *profession.... As Galen says, confidence and hope do more good than physic - "He cures*
- 3 *most in whom most are confident."*
- 4 *William Osler (1)*
- 5

Thoughts on therapeutic rapport?

11 to communicate to other doctors.

12 Whilst we may take this common experience of communication between doctor
13 and patient for granted it actually represents a complex linguistic negotiation that relies
14 on a common linguistic and cognitive system for constructing and conveying ideas of
15 the body and illness; an embodied conceptualization of illness. As Harley (1) writes in
16 *Rhetoric and the Social Construction of Sickness and Healing*, “[t]he creation of
17 narrative knowledge is the essential skill of all healers [...]. It is becoming evident that
18 any healing anywhere is a social construction that requires a plausible practitioner who
19 can deploy a credible system in a successful negotiation that brings order to the
20 patient's experience.”

A typical case for me in ND service

- Female or non-binary
- Many years psych history
- History suggestive of dyslexia/dyspraxia/dyscalculia
- Often multiple psych diagnoses: eating disorder, depression, anxiety, OCD, EUPD, query of bipolar/psychosis, trauma, (c)PTSD, FND
- Body focused repetitive behaviours
- Often complex physical health history
- Complex risk profile – interplay autism and ADHD ? TS

The narrative

The number of people with chronic conditions is soaring. Are we less healthy than we used to be - or overdiagnosing illness?

Are ordinary life experiences, bodily imperfections and normal differences being unnecessarily pathologised? One doctor argues just that

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The image shows a screenshot of a BBC News website. At the top, the BBC logo is visible, along with navigation links for Home, News, Sport, Weather, iPlayer, and Sound. Below the navigation, the word "NEWS" is prominently displayed in a red banner. Underneath, there are links for Home, InDepth, Israel-Gaza war, War in Ukraine, Climate, UK, World, Business, Politics, and Culture. A sub-navigation bar includes Politics, Parliaments, and Brexit. The main headline reads "Mental health conditions are overdiagnosed, Streeting says". Below the headline is a video player featuring a man in a blue suit, identified as Joshua Nevett, a political reporter. The video player has a play button and a timestamp of 01:27. Below the video, there is a caption: "Watch: Streeting says 'wait for plans' amid PIP cuts row".

The new narrative



The screenshot shows the top portion of a Guardian article page. At the top left, the Guardian logo is partially visible. To its right is a yellow button that says "Claim discount" with a right-pointing arrow. Further right, the text "Print subscrip" is partially visible. Below the navigation bar, there are tabs for "Sport", "Culture", and "Lifestyle", with a yellow hamburger menu icon to the right. Underneath these tabs, there are links for "Cartoons", "Opinion videos", and "Letters". A yellow banner with a black dot icon and the text "This article is more than 1 month old" is positioned above the main text. The main text begins with "I realise now that my view on mental health overdiagnosis was divisive. We all need better evidence" followed by the author's name "Wes Streeting" in orange. A small portrait of a man in a blue suit is shown to the right of the text. Below the text, the beginning of a paragraph is visible: "The surge in mental ill health is hugely distressing. That's why I've commissioned a review to find out what's driving it".



CENTRE FOR MENTAL HEALTH WELCOMES LAUNCH OF PREVALENCE REVIEW

4 DECEMBER 2025

Responding to announcement of the review, Andy Bell said:

"We welcome today's announcement that the Department of Health and Social Care will launch a prevalence review to examine rising referrals for mental health, autism and ADHD services.

"Evidence shows a clearly rising trend in mental health needs for both adults and children in recent years. We know that poverty, insecure housing, austerity, and the lasting impact of the pandemic have all placed greater strain on people's mental wellbeing over the last decade. I have seen no evidence whatsoever that mental health problems are being overdiagnosed. The likelihood is this is a real increase in mental distress.

"This review is an opportunity to examine these drivers and find long term solutions, as well as better understand people's experiences and the challenges of the system. Waiting lists for mental health and neurodivergence services are too long. So we welcome the Government's commitment to ensure that everyone gets the care they need, regardless of their background or where they live.

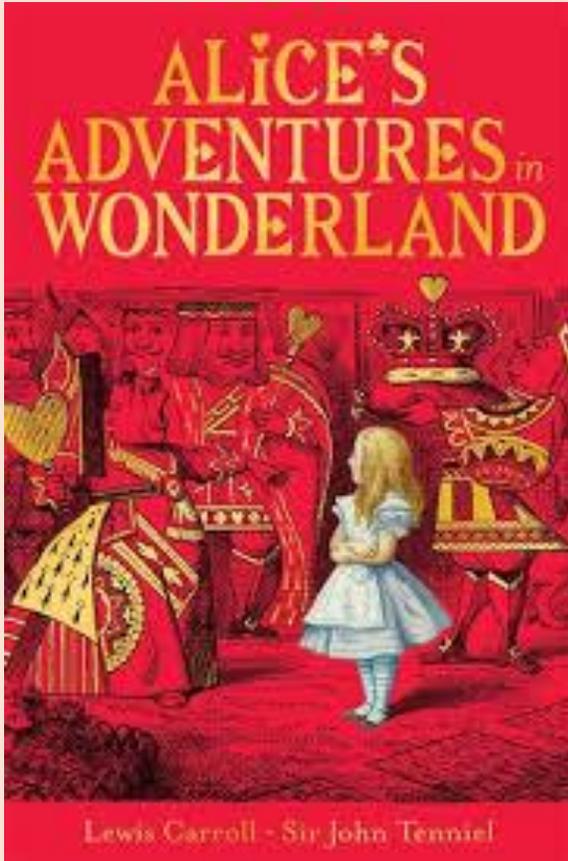
Reflections on a discussion with friend about the importance of counting

- 2 ND step children
- 2 children who school are quering ND
- The whole classroom is full of people with EHCPs. Isn't everyone ND?



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But what about chasing rabbits?



Lack of diagnostic standardization and evolving case definitions

Are 'gold standard' tools fit for purpose? substantial bias viz non stereotypical populations and utility in complexity

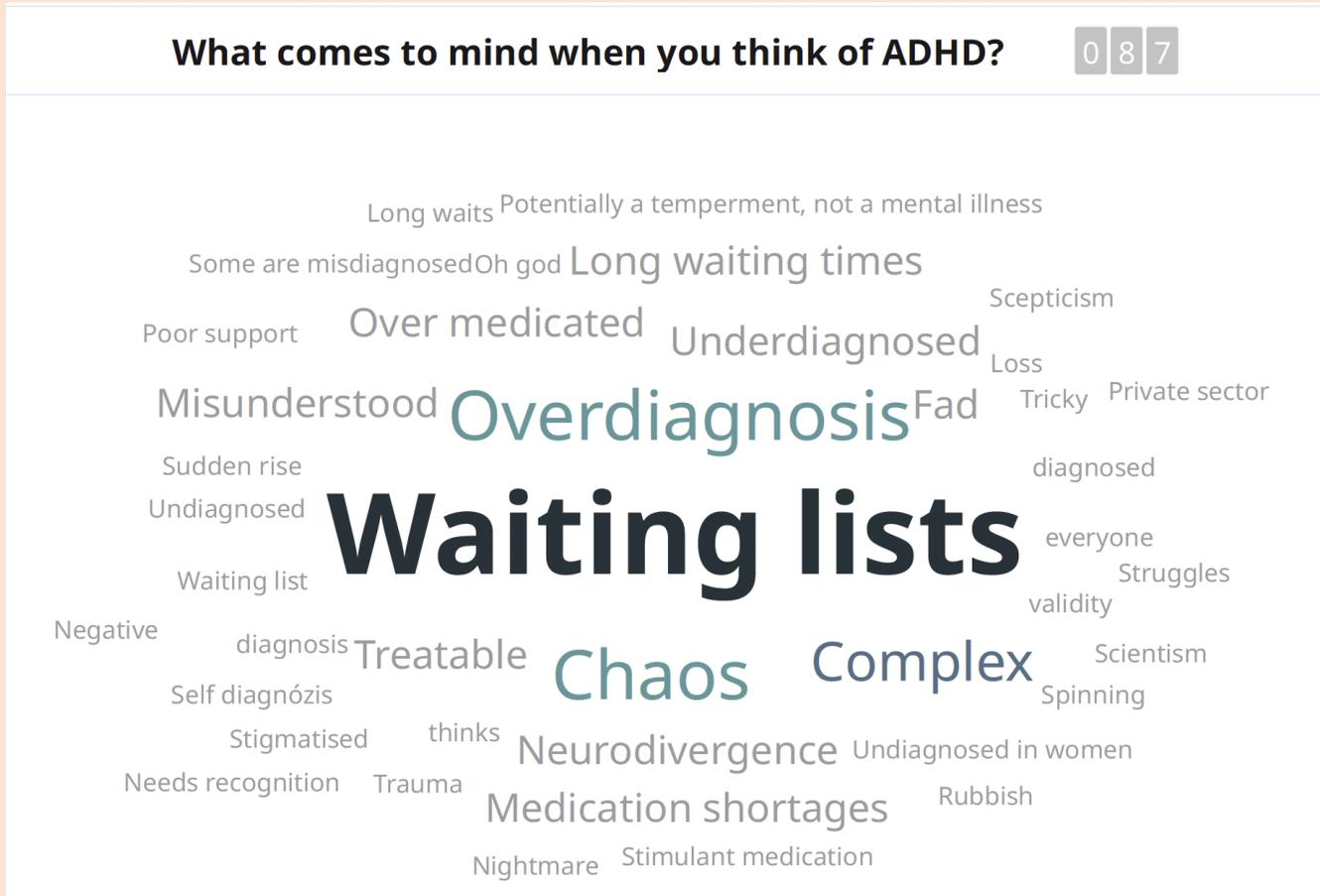
Profound methodological heterogeneity

The cancelling out/masking problem

And cartography?

<https://youtube.com/shorts/VRQCsupzl7Y?si=UGkrlGKCFZyH3GLY>

Postcards from the coal face - ADHD



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Postcards from the coal face - Autism



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Postcards from the coal face

Do you think that ADHD/Autism related work detracts from the core business of your team?

092

Yes



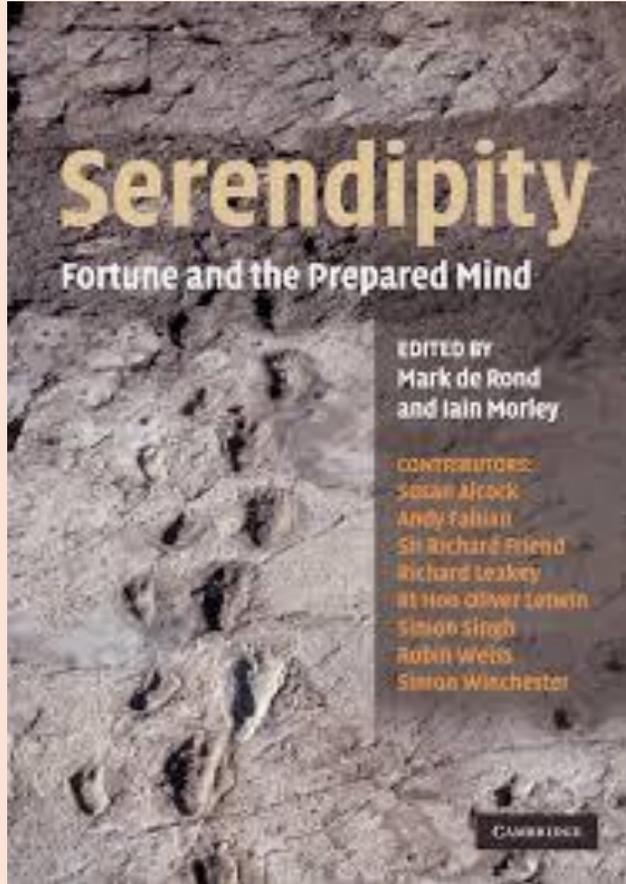
No



Not sure



Serendipity...



Prof Hugo Critchley

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In press

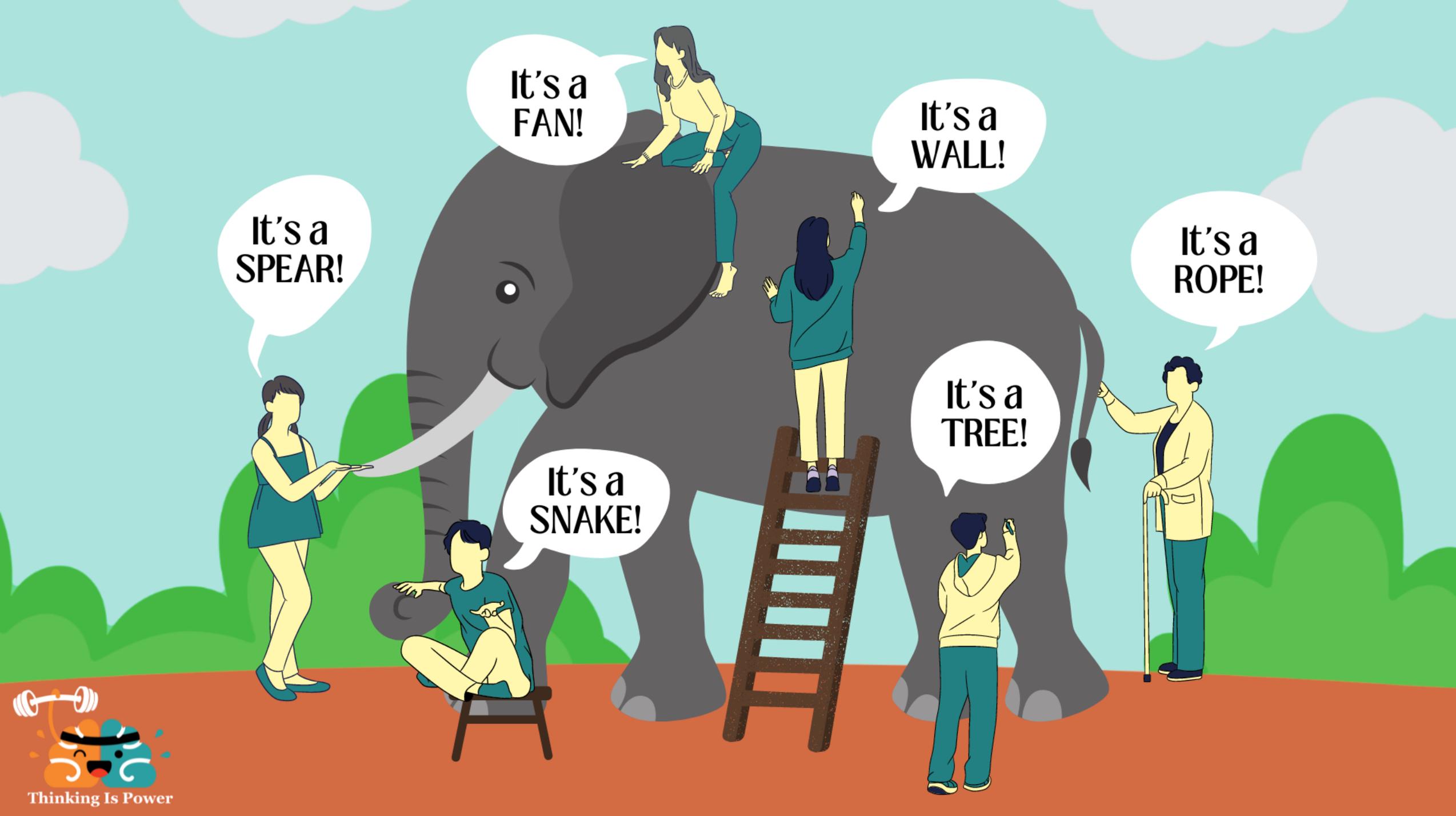
The Elephant in the Room: Neurodivergence in Psychiatry

Journal:	<i>BJPsych</i>
Manuscript ID	BJPsych-2025-1053.R2
Manuscript Type:	Guest Editorial
Date Submitted by the Author:	n/a
Complete List of Authors:	Critchley, Hugo; Brighton and Sussex Medical School, Department of Psychiatry Minnis, Helen; University of Glasgow, Institute of Health and Wellbeing Gajwani, Ruchika; University of Glasgow College of Medical Veterinary and Life Sciences, Mental Health and Wellbeing Green, Jane; SEDSConnective Dew, Rebecca; Sussex Partnership NHS Foundation Trust, Neurodevelopmental Services Dale, Oliver; Sussex Partnership NHS Foundation Trust Davidson, Conor; Leeds and York Partnership NHS Foundation Trust, Leeds Autism Diagnostic Service Müller-Sedgwick, Ulrich; Government of Jersey, Le Bas Centre, St Helier, Jersey, Adult Neurodevelopmental Service, Adult Mental Health, Health & Community Services Eccles, Jessica; Brighton and Sussex Medical School, Neuroscience
Keywords New:	Neurodevelopmental disorders, Autistic Spectrum Disorders, Attention Deficit Hyperactivity Disorders, Mental health services, Education and training

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The fable of the blind men and the elephant

- The earliest documented version appears in the Buddhist text *Tittha Sutta* (*Udāna* 6.4, *Khuddaka Nikaya*), 500 BCE
- the story's roots are even deeper: the Hindu *Rigveda*, dated between 1500 and 1200 BCE, contains the philosophical precursor: "Reality is one, though wise men speak of it variously."
- The parable also appears independently in ancient Jain texts predating the 5th century BCE, where scholars use it to illustrate the concepts of *anekāntavāda* (many-sidedness) and *syādvāda* (conditioned viewpoints)—the notion that truth cannot be grasped from a single perspective.
- This religious and philosophical diversity of origin suggests the story addressed a universal human epistemological challenge that transcended any single tradition.



It's a
FAN!

It's a
WALL!

It's a
ROPE!

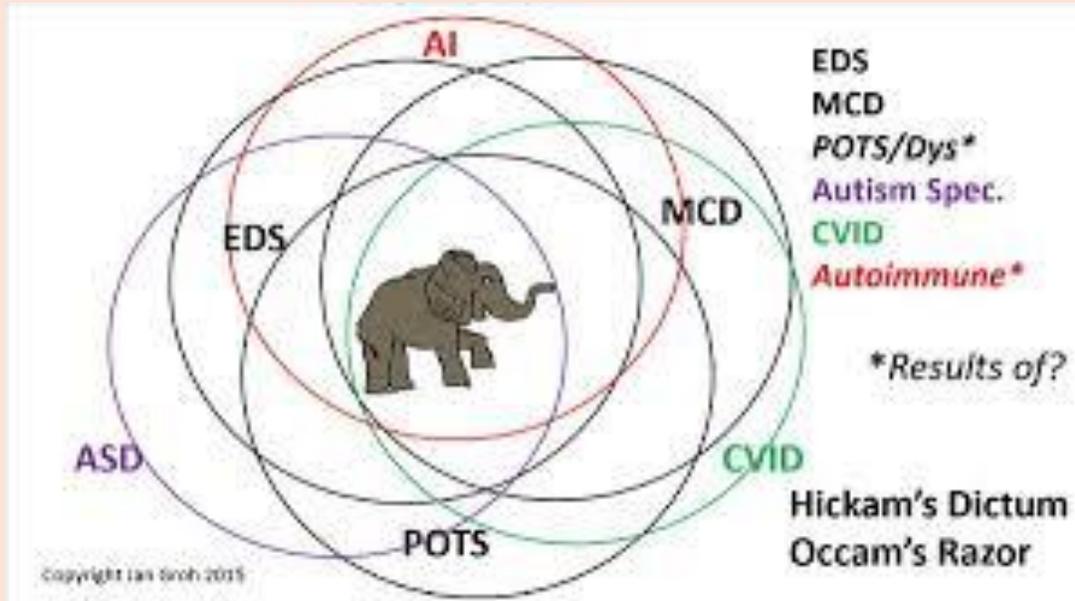
It's a
SPEAR!

It's a
TREE!

It's a
SNAKE!



An early encounter with the elephant..



Observational Study > Clin Med (Lond). 2021 Jan;21(1):53-58.
doi: 10.7861/clinmed.2020-0743.

Beyond bones: The relevance of variants of connective tissue (hypermobility) to fibromyalgia, ME/CFS and controversies surrounding diagnostic classification: an observational study

Jessica A Eccles¹, Beth Thompson², Kristy Themelis², Marisa L Amato², Robyn Stocks², Amy Pound³, Anna-Marie Jones⁴, Zdenka Cipinova⁵, Lorraine Shah-Goodwin⁵, Jean Timeyin⁵, Charlotte R Thompson⁶, Thomas Batty⁷, Neil A Harrison⁸, Hugo D Critchley⁹, Kevin A Davies⁶

BMJ Open

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Paediatrics
Original research

Childhood neurodivergent traits, inflammation and chronic disabling fatigue in adolescence: a longitudinal case-control study

Lisa Quadt¹, Jenny Csecs², Rod Bond³, Neil A Harrison⁴, Hugo D Critchley¹, Kevin A Davies⁵, Jessica Eccles^{1, 6}

BMJ Public Health

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Original research · 19 March 2024 · Open access

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Is joint hypermobility linked to self-reported non-recovery from COVID-19? Case-control evidence from the British COVID Symptom Study Biobank

Author affiliations · Jessica A Eccles^{1,2}, Dorina Cadar¹, Lisa Quadt^{1,2}, Alan J Hakim^{3,4}, Nicholas Gall⁵, Covid Symptom Survey Biobank Consortium⁶, Vicky Bowyer⁶, Nathan Cheetham⁶, Claire J Steves^{6,7}, Hugo D Critchley^{1,2}, Kevin A Davies⁸

It's a
BPAD

It's a
Psychosis

It's a
Addiction

It's a
Trauma

FND

It's a
Anxiety
OCD

It's a
ED



The elephant in the room

Neurodivergence in psychiatry (In press)

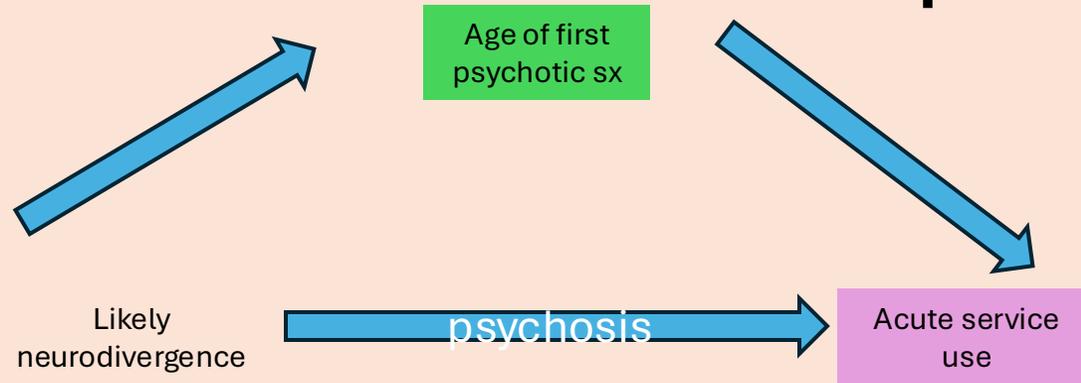
Summary

Across psychiatry, neurodivergence is highly prevalent yet underrecognized. Psychiatric vulnerability, treatment response, and prognosis are critically shaped by co-occurring neurodevelopmental conditions, including ADHD, autism, and tic disorder. Clinical recognition of neurodivergence and effective management can mitigate mental illness, prevent suicide, and reduce societal costs. Services and training should adapt accordingly.

- Co-occurrence with primary psychiatric disorders is common and clinically significant:
- high rates of ADHD and autism are seen in psychosis, bipolar disorder, OCD, anxiety, eating disorders, addictions and functional neurological disorders
- with overlapping neurodevelopmental profiles that require integrated formulation rather than siloed diagnoses and management

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Role of ND in first episode psychosis at SPFT



Abstract

Aims and Method: We explored prevalence of autism and ADHD in First Episode Psychosis (FEP). Through service evaluation involving 509 individuals, detailed analyses were conducted on neurodevelopmental traits, and patterns of service utilisation.

Results: Prevalence of neurodivergence in FEP was 37.7%. Neurodivergent individuals used urgent mental health services more frequently (Mann Whitney $U=25925$, $Z=-2.832$, $p=0.005$), and they had longer hospital stays (Mann Whitney $U=22816$, $Z=-4.886$, $p<0.001$) than non-neurodivergent people. Neurodivergent people spend more than twice as long in mental health hospitals at a time, than the non-neurodivergent people (Mann Whitney $U=22909.5$, $Z=-4.826$, $p<0.001$). Mediation analysis underscored indirect impact of neurodivergence on hospitalisation durations through age at onset of psychosis and use of emergency services.

Clinical Implications: Prevalence of neurodevelopmental conditions in FEP is underestimated. Neurodivergent individuals show increased utilisation of mental health services and experience psychosis earlier. Early assessment is crucial for optimising psychosis management and improving mental health outcomes.



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Embracing complexity: connecting bipolar affective disorder, joint hypermobility and neurodivergence

Published online by Cambridge University Press: 20 January 2026

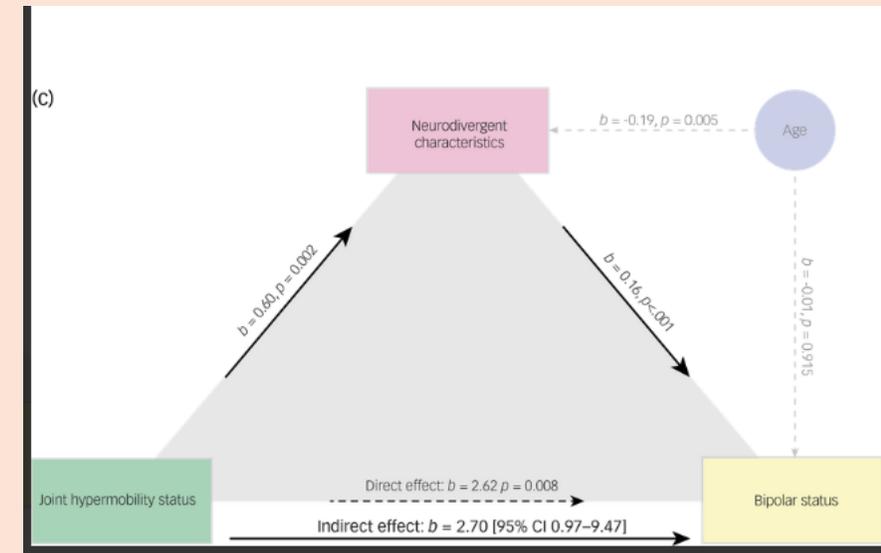
Emily Bucknill, Lisa Quadt , Rebecca Dew, Alessandro Colasanti, Christopher S. Muller-Pollard, Hugo D. Critchley  and Jessica A. Eccles 



Show

Article Figures eLetters Metrics

- Bipolar disorder in this sample was very highly associated with neurodivergent traits: over 80% screened above threshold for autism and about two-thirds for ADHD, yet formal diagnoses were rarely recorded.
- Mediation analysis suggests that the relationship between hypermobility and bipolar disorder may be largely explained by neurodivergence, supporting a brain–body model in which variant connective tissue, sensory processing and emotion regulation are interconnected.
- The authors propose a stress–vulnerability (allostatic load/diathesis) framework and argue for a more dimensional, transdiagnostic view of neurodevelopmental and affective conditions,



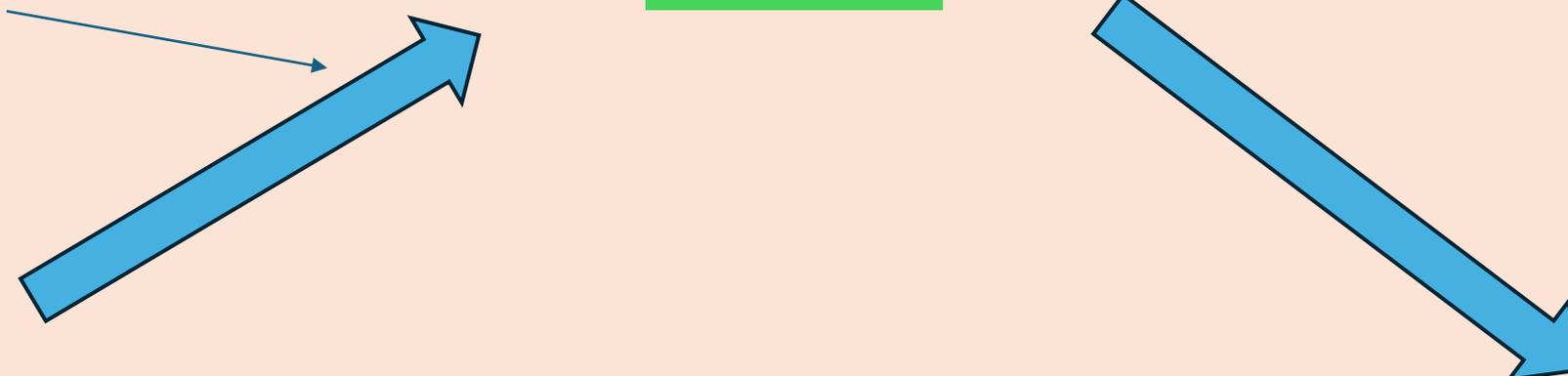
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ND/HM in eating disorder development (in prep)

- In 3400 18 year olds taking part in ALSPAC longitudinal birth cohort study, autistic traits at age 7 significantly predicted presence of any eating disorder at 18 in girls
- This was linked through ADHD traits, in the presence of symptomatic joint hypermobility

Symptomatic hypermobility
age 18

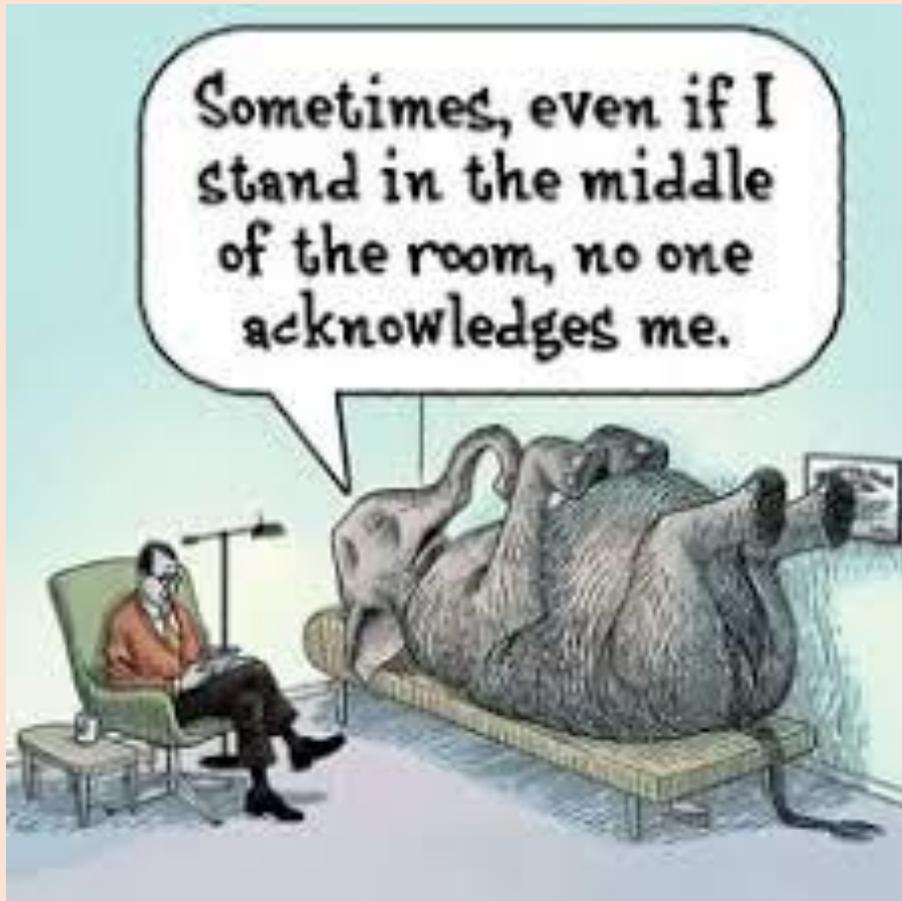
ADHD traits



Autistic traits
age 7

Eating disorder
age 18

The other elephant in the room



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Adults diagnosed with ADHD have shorter life expectancy, UK study shows

Data based on recorded deaths raises concerns around under-diagnosis of attention deficit hyperactivity disorder

Nicola Davis Science
correspondent

Thu 23 Jan 2025 08.31 GMT



The ADHD study used primary care data from more than 9 million adults across the UK.
Photograph: parkerphotography/Alamy

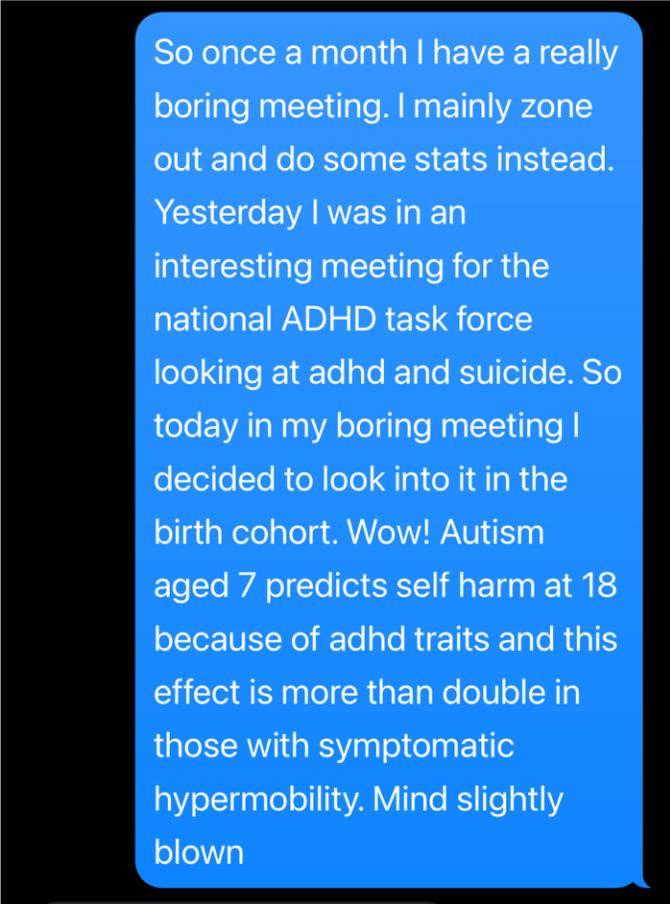
Men with a diagnosis of ADHD die seven years sooner, on average, than similar people without, while for women the life expectancy gap is almost nine years, the first study of its kind has revealed.

Attention deficit hyperactivity disorder can cause difficulties in concentration and problems with impulsiveness, although people with ADHD do not necessarily experience both. While estimates vary, studies suggest 3-4% of adults worldwide have ADHD.



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Text to a friend/collaborator...



So once a month I have a really boring meeting. I mainly zone out and do some stats instead. Yesterday I was in an interesting meeting for the national ADHD task force looking at adhd and suicide. So today in my boring meeting I decided to look into it in the birth cohort. Wow! Autism aged 7 predicts self harm at 18 because of adhd traits and this effect is more than double in those with symptomatic hypermobility. Mind slightly blown

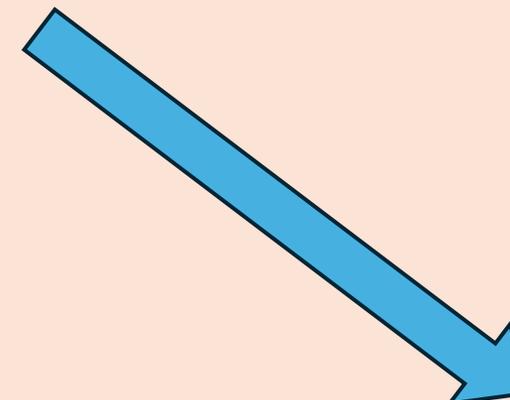
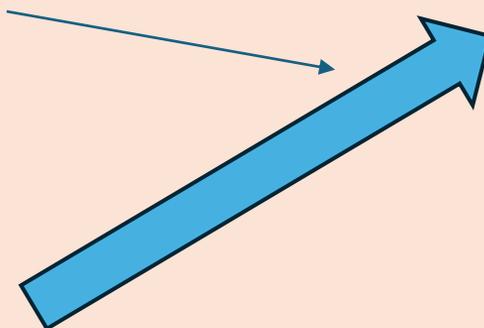
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ND/HM in self harm (in prep)

- In 3400 18 year olds taking part in ALSPAC longitudinal birth cohort study. In females, autistic traits at age 7 significantly predicted presence of any eating disorder at 18
- This was linked through ADHD traits, in the presence of symptomatic joint hypermobility

Symptomatic hypermobility
age 18

ADHD traits
age 9



Autistic traits
age 7

Self-harm
age 18

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Role of autism in mental health crisis presentations (under review, BJPSYCH open)

- This service evaluation aimed to determine the prevalence of likely autism in patients accessing crisis mental health services in Sussex.
- Fifty-five participants completed autism screening evaluation (RAADS-14). Forty-three participants (78%) scored above the screening threshold for possible autism. Given reported specificity of the scale, this suggests that conservatively at least 55% of our sample may be autistic. Twenty-seven percent scored above the median published score for autistic individuals.
- Furthermore, autistic traits were associated with negative impact on quality of life ($p < 0.001$) and on self-rated wellbeing ($p < 0.01$). Autism scores were higher in those with joint hypermobility ($p = 0.01$), which may unify mental and physical health concerns in this population.
- This is the first study to assess the likely prevalence of autism in such a crisis population. Our findings demonstrate the need to consider the role of undiagnosed autism in complex mental health presentations. This has considerable impact on personalised medicine and the design of acute mental health services.

Abbreviated summary

Attention deficit hyperactivity disorder (ADHD), when unsupported, is a potent route into educational failure, long-term unemployment, crime, substance misuse, suicide, mental and physical illness¹⁻⁵. Economic costs of at least £17 billion⁶ are avoidable as, when appropriately supported, individuals with ADHD can thrive.

This brief summary of the Part 2 recommendations needs to be read with Part 1 of the ADHD Taskforce report.

1. Transformation for ADHD requires **systemic changes** at national, regional and local level. This includes government departments, health, education, employment and the criminal justice system. Co-design and co-production of transformation should include people with ADHD and their families/carers.

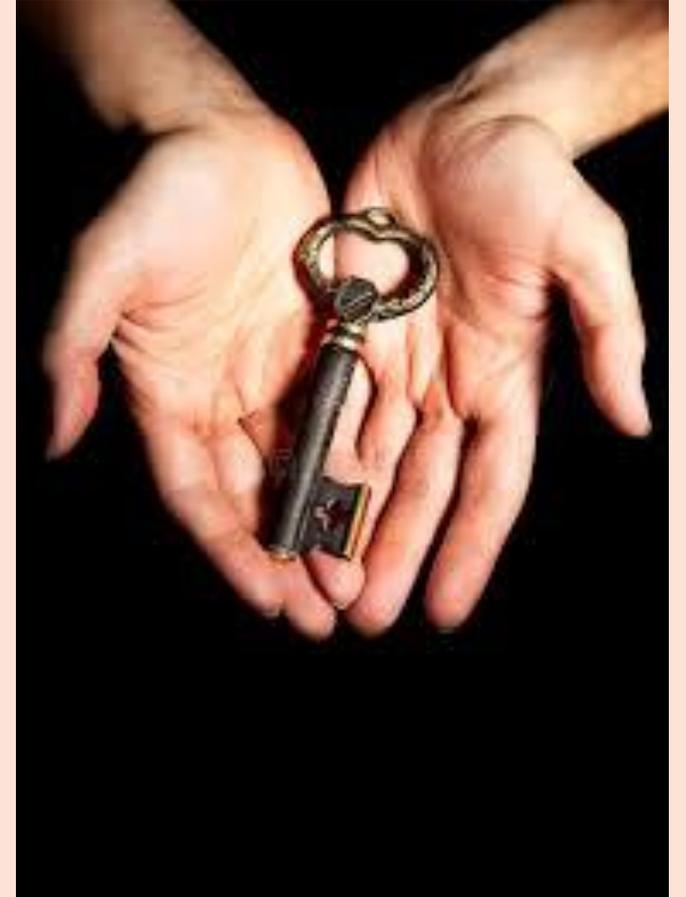


- Under-recognition of ND has severe consequences: neurodivergent people have increased rates of suicide, substance misuse, chronic physical and mental illness, shortened life expectancy, educational and occupational exclusion, and unemployment, translating into societal and economic costs that exceed those of cardiovascular disease and diabetes combined

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The keys to the toolbox (inc Zheng et al,)

- Robust evidence shows that appropriate interventions, particularly ADHD pharmacotherapy, can substantially reduce suicide, substance misuse, accidents and criminality,
- Effect sizes and number-needed-to-treat figures that are among the most favourable in medicine, underscoring the preventable nature of much associated morbidity and mortality.



The fallacy of either/or

Home > [European Child & Adolescent Psychiatry](#) > Article

Double jeopardy: implications of neurodevelopmental conditions and adverse childhood experiences for child health

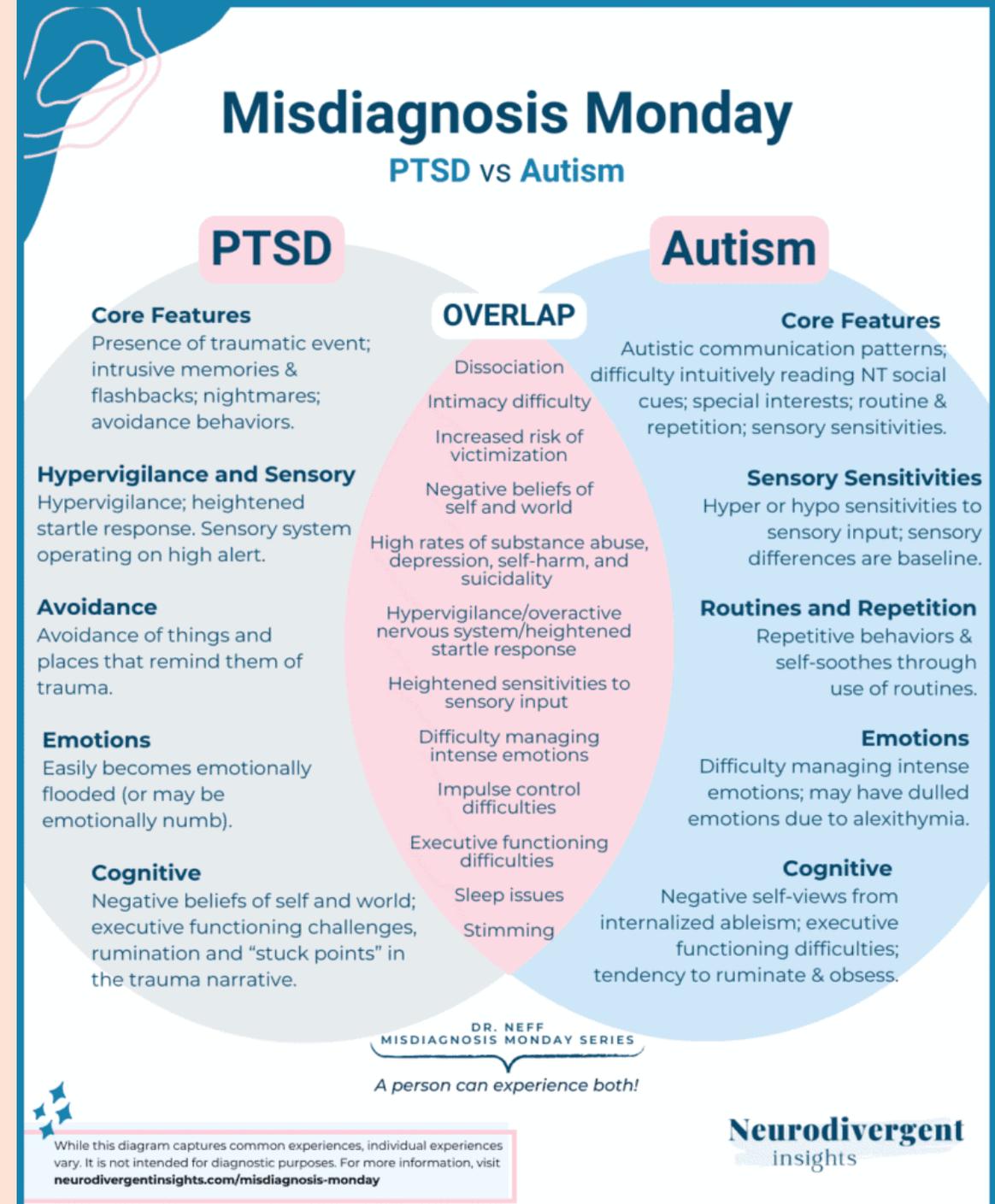
Editorial | [Open access](#) | Published: 26 September 2022

Volume 32, pages 1–4, (2023) [Cite this article](#)



European Child & Adolescent Psychiatry

Beware of diagnostic overshadowing and exclusion on basis of ND
ND is NOT a diagnosis of exclusion



A blueprint for the future – possible solutions

The problem

- fragmented services
- inmprecise prevalence estimates
- lack of widespread training in adult ADHD/autism
- diagnostic overshadowing
- poor fit of standard talking therapies, and understanding of link with physical health
- ***lead to misdiagnosis, delayed recognition, crisis-driven care and missed opportunities for early, tailored support.***



Promotion
Prevention
Preparation
Participation

Postcards from the coal face

What are the barriers to mainstreaming ND? What would you need to help you and your team feel comfortable diagnosing ND?

060

(1/4)

- Training, long waiting lists, time
- UKASN concerns of poor quality of ADHD assessment & loss of diagnostic validity
- Training
- Time
- Training and pay
- Training should be compulsorily
- Ability to diagnose without massively onerous assessment
- Physical health clinic
- Resources and training
- I think we need frank precise criteria
- for ASD and ADHD. It's too broad
- Not enough time and resources. Team not supportive of interventions on nd diagnosed as "not commissioned"
- Clear assessment psthway
- Time
- What support is available after the assessment.
- Awareness
- Some talks from a specialist to our team
- Opportunity for specialist supervision and case discussion

What are the barriers to mainstreaming ND? What would you need to help you and your team feel comfortable diagnosing ND?

060

(2/4)

- Time
- Capacity, ability to discharge people on stabilised med plans
- Training
- Do patients want to know
- Training, more conferences like this
- Time
- Resourceful MDT
- More expertise in mainstream services Training
- A lot more time
- Funding for training and longer appts
- in primary care (GP led assessments)
- Admin side. Reports extremely long
- OT and SALT
- Stigma within mental health services - need colleagues to be more understanding!
- Training
- Training and access to specialist consultation
- Training Treatment options in older adults??
- More training, bigger team

Postcards from the coal face

**What are the barriers to mainstreaming ND?
What would you need to help you and your
team feel comfortable diagnosing ND?**
(3/4)

060

- Training
- Time
- Resources
- Training, support and backup
- More clinical time
- Time
- follow up
- More training available
- Expertise, time
- Training
- More time
- More commitment from all MDT
- Training
- Clear pathway for onward care and annual review
- Training
- Supervision
- Training
- Time
- Normalising
- Training
- Training.
- Be allowed to do it
- Training
- Training and resources
- More training

**What are the barriers to mainstreaming ND?
What would you need to help you and your
team feel comfortable diagnosing ND?**
(4/4)

060

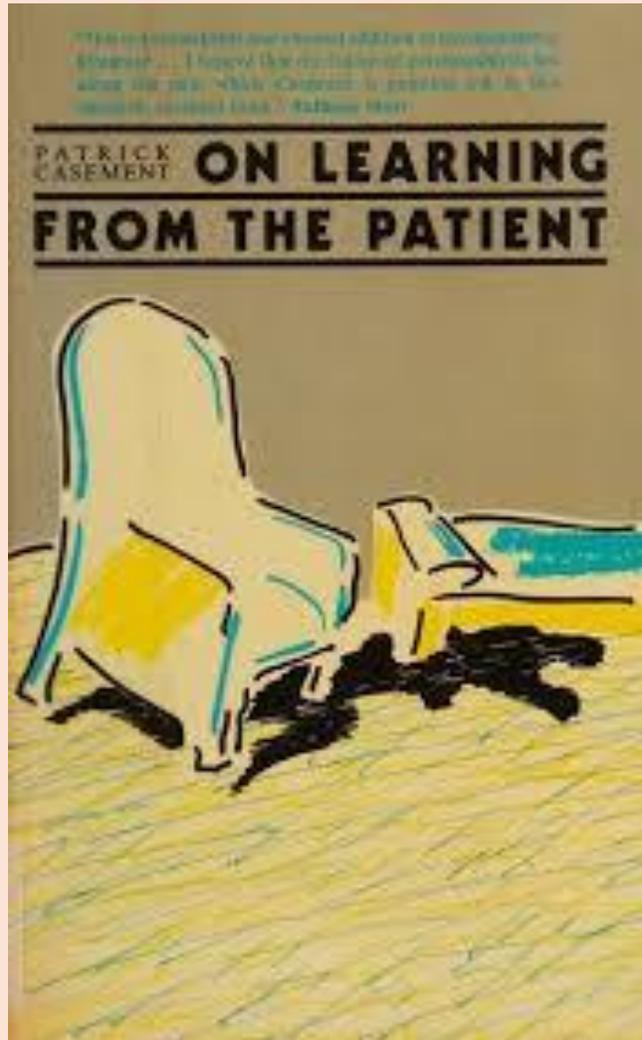
- Training
- Training
- Assessment process is too rigid

Upskilling the workforce to recognize what they are already seeing every day



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Back to MRCPSYCH (and Xe)



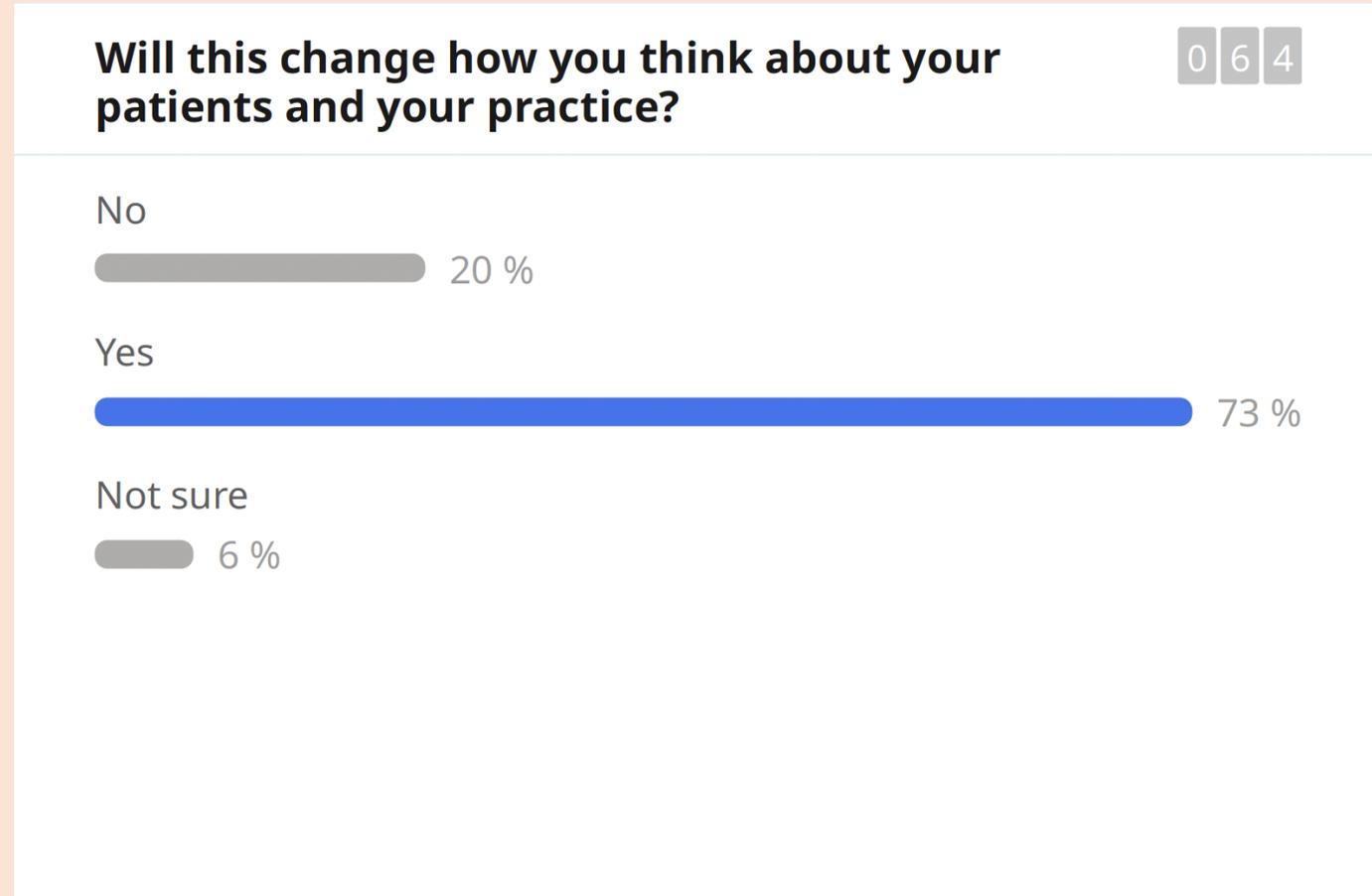
- Psychiatry faces a choice between continuing to ignore this “elephant in the room” or fully integrating neurodevelopmental understanding into everyday practice
- Recognising and diagnosing neurodivergence is not a niche task but a core responsibility of every psychiatrist
- This is essential for delivering personalised, effective and economically sustainable care.

And don't forget tics.. Or FASD!



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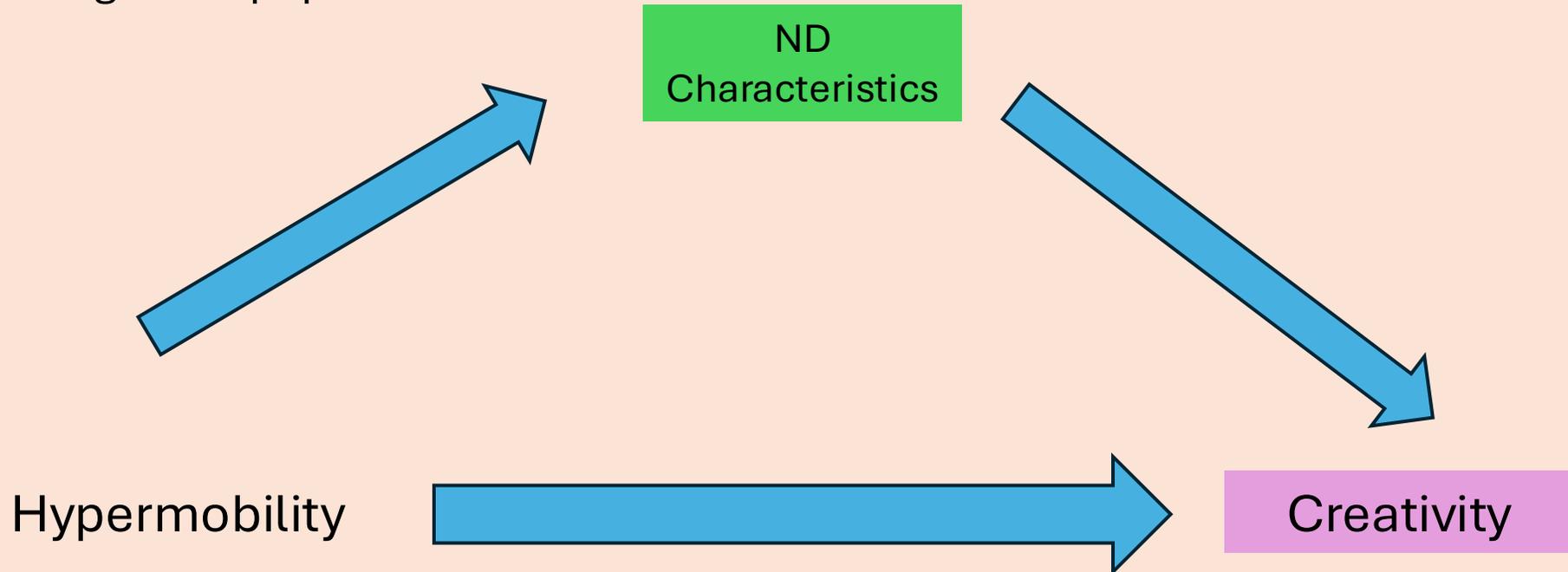
Postcards from the coal face



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ND/HM and creativity

250 people in general population



Quadt...Eccles; under review

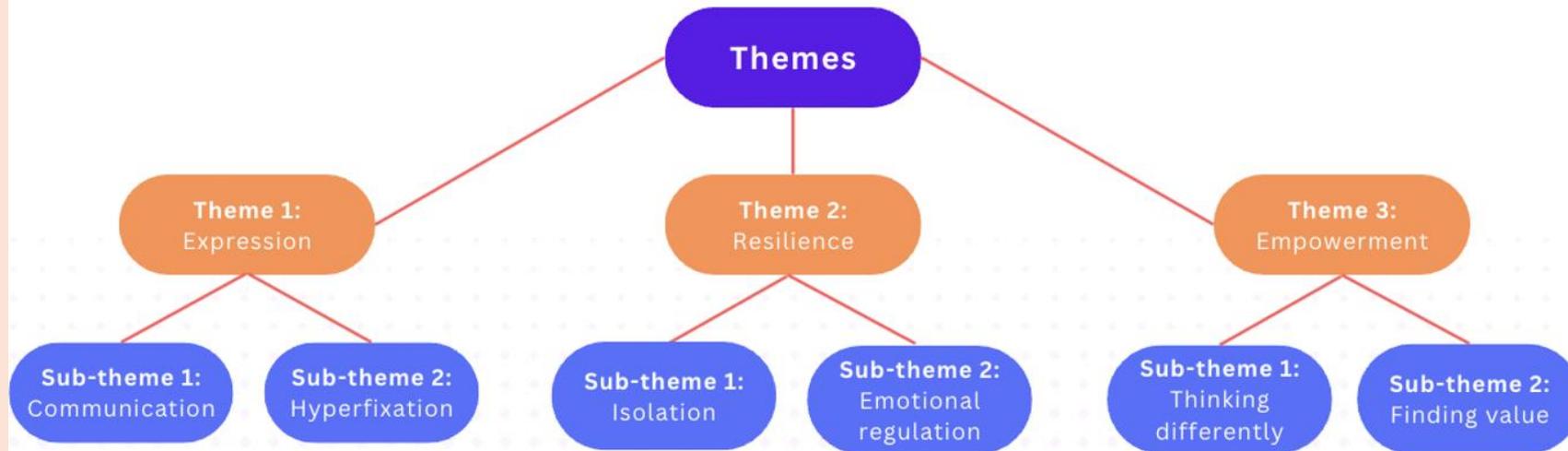
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ND and creativity

Erin., Shaw, Quadt, Eccles., 2025 (under review)

Thematic analysis findings



Research question: Why might there be a relationship between being a neurodivergent person and being a creative person?

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Inspiration and help along the way



Prof Hugo Critchley



Prof Kevin
Davies



Dr Lisa Quadt



Rebecca Dew



Nigel Cole



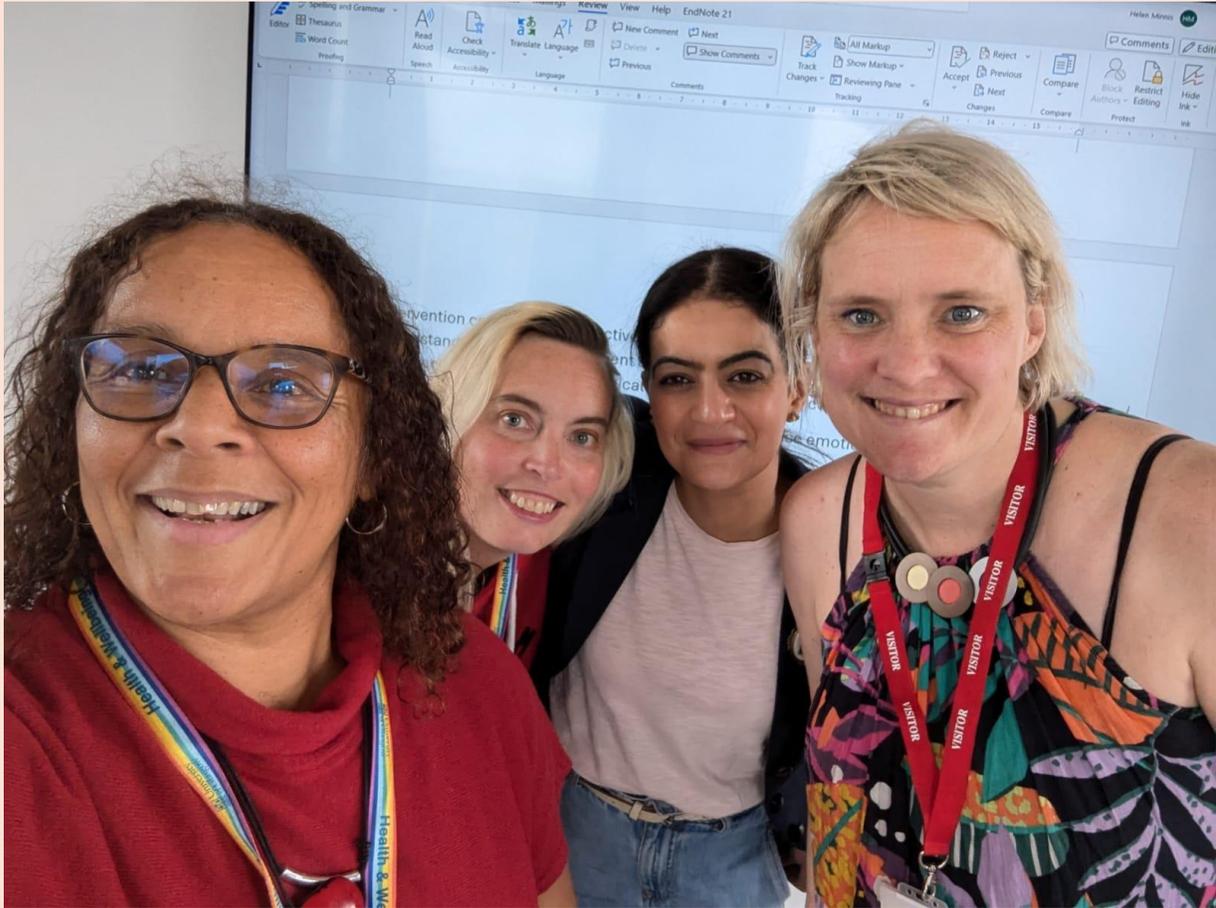
Dr Lisa Page

BendyBrain



Jane Green MBE Sedsconnective

Inspiration and help along the way



Prof Helen Minnis, Dr Claire Jamieson, Dr Ruchika Gajwani

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Dr Oliver Dale



Dr Conor Davidson



Dr Ulrich Muller-
Sedgwick



Dr Christopher
Muller Pollard



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Please check out EDS UK GP
toolkit and EDS UK school toolkit